

ARIZONA STATE BOARD OF ACCOUNTANCY

100 North 15th Avenue, Suite 165

Phoenix, Arizona 85007

Phone 602-364-0804

Facsimile 602-364-0903



AFFIDAVIT

Request of Reissuance of Certificate

I request that my CPA Certificate No. _____ be reissued as indicated below. New certificates are 8 ½ x 11 inches. **I understand that I am required to return the original certificate to the Board office.**

My Certificate was issued as: _____

Name as desired on Certificate: _____

Reason for reissuance: _____

PLEASE CHECK ONE:

☐ I will pick up my certificate at the Board Office. (Staff will notify you by phone when certificate is ready for pick up.) Please indicate daytime Phone No. _____

☐ Please mail my Certificate to the below address (Certificates are being mailed in a tube).

Please enclose your check in the amount of \$50 made payable to the Arizona State Board of Accountancy to cover the cost of the reissuance.

Signature

Date

State of _____)

County of _____)

Subscribed and sworn to before me by the said _____
this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

For Office Use Only

Date originally issued: _____

Date reissued: _____

Date

printed: _____

Date signed by Board: _____

Date picked-up/mailed: _____

ID Type (attached): _____ (Certificate Holder's Signature at time of pick-up)